



MIGHTY MUD MANIA 2016 Child Participant Waiver Form

Saturday, June 11th, 2016 from 7:30am to 1 pm, Mighty Mud Mania will be held at Chaparral Park, 5401 N. Hayden Road. MMM is for children aged 1 to 12 years and an Extreme course is available for 13-17 and adults.

Children will get muddy and wet in most activities. Park conditions will be wet and slippery, which can result in falls and physical injury. Children need a permission slip to participate in the event/activities.

Children can line up any time between 7:30am and 1pm, to run the obstacle courses. Shoes and shirts must be worn to participate in all Mighty Mud Mania activities. We suggest your child wear old, grubby clothing and old lace up shoes to compete in Mighty Mud Mania since there will be mud pits involved in the races.

Your child needs your permission to participate in Mighty Mud Mania activities. Please bring the signed permission slip, with you/your child to MIGHTY MUD MANIA.

For More Details visit the website at www.scottsdaleaz.gov/mighty-mud-mania

Participant's NAME _____ AGE _____

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Participant's NAME _____ AGE _____

Participant's NAME _____ AGE _____

PARENT'S NAME _____ PHONE _____

ADDRESS _____ ZIP _____

I hereby give permission for the above-named child(ren) to participate in Mighty Mud Mania. I understand physical injury may occur during participation in this program. By signing below I hereby release and agree to hold harmless the City of Scottsdale and its representatives to the fullest extent allowed by law from any and all claims for personal or bodily injury and property damage occurring or resulting from the above named child's participation. Furthermore, I grant full permission to the City of Scottsdale and all media outlets; national, local, and international; including but not limited to web based publications; covering the event, to use my or the above named child's likeness participating in this program in perpetuity, in any format, without obligation or liability to me, said child or his or her parent or guardian.

Authorization Regarding Medical Assistance

I hereby authorize the City of Scottsdale staff to obtain any needed medical assistance for me, my child in case of an emergency, illness, or accident. I understand that any resulting expenses or charges are my responsibility and I will pay them immediately, either directly or through personal insurance.

Signature: _____ **Date:** _____
Parent or Guardian